

Applicants: Takayoshi WATANABE et al.

Serial No.: 09/462,796

Filed: January 13, 2000

Title: METHOD FOR PRODUCING A SEMICONDUCTOR DEVICE WITH

PYRAMIDAL BUMP ELECTRODES BONDED ONTO PAD ELECTRODES ARRANGED ON A SEMICONDUCTOR CHIP

## SELECTION OF PRACTITIONERS NAMED IN THE POWER OF ATTORNEY TO BE RECOGNIZED BY THE OFFICE

August 4, 2005

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Pursuant to 37CFR 1.32(c)(3), the following practitioners are selected, from those named in the Power of Attorney for the above-identified application, to be recognized by the Office as being of record in the above-identified application:

Attorney/Agent

Registration No.:

Carl I. Brundidge

29,621

Respectfully submitted,

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Frederick D. Bailey

Registration No. 42,282

FDB/sdb (703) 684-1120

PTO/SB/122 (09-04)

Approved for use through 07/31/2006. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| CHANGE OF CORRESPONDENCE ADDRESS Application                                 |              | Application Number     | 09/462.796                |
|------------------------------------------------------------------------------|--------------|------------------------|---------------------------|
|                                                                              |              | Filing Date            | January 13, 2000          |
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | AUG 0 4 2005 | First Named Inventor   | Takayoshi WATANABE et al. |
|                                                                              |              | Art Unit               | 2813                      |
|                                                                              |              | Examiner Name          | T. Nguyen                 |
|                                                                              |              | Attorney Docket Number | 500.38090X00              |

| M The address associated with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | th.                                                                                               |                                                  |
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| Customer Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 24956                                                                                             |                                                  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 24330                                                                                             |                                                  |
| Firm or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                  |
| Individual Name MATTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GLY, STANGER, MALI                                                                                | JR & BRUNDIDGE, P.C.                             |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                  |
| 1800 Diagonal Road, Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                  |
| City Alexandria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State Virginia                                                                                    | Zip <b>22314</b>                                 |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | viigiina                                                                                          | 22014                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                  |
| Telephone (703) 694 1130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fax (702                                                                                          | \ 694 <sub>-</sub> 1157                          |
| (703) 684-1120 This form cannot be used to change the data as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | ) 684-1157                                       |
| am the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                  |
| am the:  Applicant/Inventor  Assignee of record of the entire interest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                  |
| Applicant/Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | osed. (Form PTO/SB/96).                                                                           |                                                  |
| Assignee of record of the entire interest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                  |
| Applicant/Inventor  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n Number <u><b>29,621</b></u> .<br>Dication transmittal letter in an appl                         | ication without an executed oath or declaration. |
| Applicant/Inventor  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed attorney or agent of record. Registration  Registered practitioner named in the approximation See 37 CFR 1.33(a)(1). Registration Number 1.33(a)(1).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n Number <u><b>29,621</b></u> .<br>Dication transmittal letter in an appl                         | ication without an executed oath or declaration. |
| Applicant/Inventor  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed attorney or agent of record. Registration  Registered practitioner named in the approximation of the second secon | n Number <u><b>29,621</b></u> .<br>Dication transmittal letter in an appl                         | ication without an executed oath or declaration. |
| Applicant/Inventor  Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclosed by the entire interest. Statement under 37 CFR 3.73(b) is enclos | n Number <u><b>29,621</b></u> .  Dilication transmittal letter in an appl                         | ication without an executed oath or declaration. |
| Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclo  Attorney or agent of record. Registration  Registered practitioner named in the appropriate and the second  | n Number <u><b>29,621</b></u> .  Dilication transmittal letter in an appl                         | ication without an executed oath or declaration. |
| Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclo  Attorney or agent of record. Registration  Registered practitioner named in the approxee 37 CFR 1.33(a)(1). Registration Nur  Signature  Typed or Printed  Name  Carl I. Brundidge  Date  August 4, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n Number 29,621.  Dilication transmittal letter in an applember  Telephone                        | 703) 684-1120                                    |
| Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclo  Attorney or agent of record. Registration  Registered practitioner named in the approximation Number 1 (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dilication transmittal letter in an applember  Telephone  ecord of the entire interest of their r | 703) 684-1120                                    |

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.





E4926-0/ (米) Copy

DECLARATION POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

(Application Serial No.)

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| "SEMICONDUCTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OR DEVICE, MOUNTIN                                                                                                                       | G STRUCTURE THEREOF                                                                                                                                         | AND                                                                             |
| METHOD OF FA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ABRICATION THEREOF                                                                                                                       | · H · /                                                                                                                                                     |                                                                                 |
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| the specification of which (check of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | one) is attached he                                                                                                                      |                                                                                                                                                             |                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X was filed on                                                                                                                           |                                                                                                                                                             | ·                                                                               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and was amer                                                                                                                             | nded on                                                                                                                                                     | _                                                                               |
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| claims, as amended by any amendm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                          | contents of the above-identified sp                                                                                                                         | ecification, including the                                                      |
| I acknowledge the duty to with Title 37, Code of Federal Regu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          | material to the examination of this                                                                                                                         | application in accordance                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          | United States Code, §119 of any i                                                                                                                           | foreign application(s) for                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          | fied below any foreign application                                                                                                                          | for patent or inventor's                                                        |
| certificate having a filing date before                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e that of the application on whi                                                                                                         | ch priority is claimed:                                                                                                                                     |                                                                                 |
| Prior Foreign Application(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                                                                             | Priority Claimed                                                                |
| 09-189660                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Japan                                                                                                                                    | 15 July, 1997                                                                                                                                               |                                                                                 |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Country)                                                                                                                                | (Day/Month/Year Filed)                                                                                                                                      | Yes No                                                                          |
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| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Country)                                                                                                                                | (Day/Month/Year Filed)                                                                                                                                      | Yes No                                                                          |
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| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Country)                                                                                                                                | (Day/Month/Year Filed)                                                                                                                                      | Yes No                                                                          |
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| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |                                                                                                                                                             |                                                                                 |
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| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Country)                                                                                                                                | (Day/Month/Year Filed)                                                                                                                                      | Yes No                                                                          |
| (Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |                                                                                                                                                             | Yes No                                                                          |
| (Number)  I hereby claim the benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | under Title 35, United States (                                                                                                          | Code, §120 of any United States ap                                                                                                                          |                                                                                 |
| (Number)  I hereby claim the benefit nd, insofar as the subject matter o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | under Title 35, United States (<br>f each of the claims of this appl                                                                     | Code, §120 of any United States aplication is not disclosed in the prior U                                                                                  | United States application                                                       |
| (Number)  I hereby claim the benefit  nd, insofar as the subject matter of the manner provided by the first programme in Title 37, 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | under Title 35, United States (<br>f each of the claims of this appl<br>paragraph of Title 35, United St<br>Code of Federal Regulations, | Code, §120 of any United States ap<br>lication is not disclosed in the prior U<br>tates Code, §112, I acknowledge the<br>§1.56(a) which occurred between th | United States application duty to disclose material                             |
| (Number)  I hereby claim the benefit nd, insofar as the subject matter on the manner provided by the first pro | under Title 35, United States (<br>f each of the claims of this appl<br>paragraph of Title 35, United St<br>Code of Federal Regulations, | Code, §120 of any United States ap<br>lication is not disclosed in the prior U<br>tates Code, §112, I acknowledge the<br>§1.56(a) which occurred between th | United States application duty to disclose material                             |
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(Filing Date)

(Status: patented, pending, abandoned)

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I hereby appoint as principal attorneys; Donald R. Antonelli, Reg. No. 20,296; David T. Terry, Reg. No. 20,178; Melvin Kraus, Reg. No. 22,466; Stanley A. Wal, Reg. No. 26,432; William I. Solomon, Reg. No. 23,565; Gregory E. Montone, Reg. No. 28,141; Ronald J. Shore, Reg. No. 28,577; Donald E. Stout, Reg. No. 26,422; Alan E. Schiavelli, Reg. No. 32,087; James N. Dresser, Reg. No. 22,973 and Brundidge, Reg. No. 29,621 opprosecute and transact all business connected with this application and any related United States application and international applications. Please direct all communications to the following address:

Antonelli, Terry, Stout & Kraus Suite 1800 1300 North Seventeenth Street Arlington, Virginia 22209 Telephone: (703) 312-6600 Fax: (703) 312-6666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United State Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Full Name)

(Signature)

| Jacont 133000 man                                              | (Full Name)         | $\sim$          | (Signature)        |
|----------------------------------------------------------------|---------------------|-----------------|--------------------|
| Date December 28, 1999 Invento                                 | r_Takayoshi WATANA  |                 | rkayoshi Watarabe_ |
| rusicawa-shi Jan                                               | an                  | Cirizenship     | Japan              |
| 21 - K - N 20 3                                                | Mirokuji-3-chome,   | Fujisawa        | -SIII, Japan.      |
| Docomber 28 1999 Invento                                       | , Hidetaka SHIGI    | 1               | Lacary Surge       |
| Date December 207 Invento                                      | Kanagawa-ken, Japar | Citizenship _   | Japan "            |
| Residence Ashigarashimo-gun, Post Office Address Kanagawa-ke   | Ohiradai, Hakonema  | achi, Ash       | igarashimo-gun,    |
| Post Office Address Kanagawa-Ne Date December 28, 1999 Invento | Susumu KASUKABE     |                 | Lusumu Kasukahl    |
| vokohama-chi Jar                                               | an                  | Cirizenship     | Japan              |
| Post Office Address 634-1-132,                                 | Nobacho, Konan-ku   | , Yokoham       | a-shi, Japan.      |
| Post Office Address 034 1 132, Date December 28, 1999 Invento  | Terutaka MORI       |                 | Terutaly Mari      |
| Date December 20, 1999 Inventor Residence Urayasu-shi, Japa    | in                  | Citizenship     | Japan              |
| Post Office Address 27-259, Tal                                | kasu Uravasu-shi,   | Japan.          |                    |
| Post Office Address 27-239, 141  Date Invento                  |                     |                 |                    |
| Date Invento                                                   | Of                  | Citizenship     |                    |
| Post Office Address                                            |                     | . Стадана       |                    |
| Post Office Address Invento                                    |                     |                 |                    |
| Date Invento                                                   | or                  | Citizenship     |                    |
| Residence                                                      |                     | _ CIMEOTO P     |                    |
| Post Office Address                                            |                     |                 |                    |
| DateInvento                                                    | or                  | Cirizenshin     |                    |
| Residence                                                      |                     | _ Citizensinp . |                    |
| Post Office Address                                            |                     |                 |                    |
| DateInvento                                                    | or                  | Ciainanahin     |                    |
| Residence                                                      |                     | _ Citizensnip   |                    |
| Post Office Address                                            |                     |                 |                    |
| DateInvent                                                     | or                  |                 |                    |
| Residence                                                      |                     |                 |                    |
| Post Office Address                                            |                     | ·               |                    |
| DateInvent                                                     | or                  |                 |                    |
| Residence                                                      |                     | _ Citizenship   |                    |
| Post Office Address                                            |                     |                 |                    |